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CONFIRMATION NO. 5607

SERIAL NUMBER 10/803,801	FILING OR 371(c) DATE 03/18/2004 RULE	CLASS 602	GROUP ART UNIT 3772	ATTORNEY DOCKET NO. LZ-85	
<b>APPLICANTS</b> Sascha Albus, Melsbach, GERMANY; Joachim Thewalt, Melsbach, GERMANY; Heike Grothaus, Kurtscheid, GERMANY; Martin Kaiser, Neuwied, GERMANY; Andreas Hahn, Neuwied, GERMANY; Gabriel Slupik, Woldert, GERMANY;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 103 12 452.7 03/20/2003					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/02/2004</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		STATE OR COUNTRY GERMANY	SHEETS DRAWING 2	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 1
<b>ADDRESS</b> Friedrich Kueffner 317 Madison Avenue, Suite 910 New York, NY10017					
<b>TITLE</b> Wound dressing product with removal aid and a method of manufacturing same					
<b>FILING FEE          RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		